

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-033253

STATE FILE NUMBER

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 459

FILED SEP 19 1961

## 1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Independence

Length of stay in lb  
20 Years

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Independence

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 2440 So. Claremont

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
2440 So. Claremont

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First Middle Last  
Ernie Glen Parish

4. DATE OF DEATH  
Month Day Year  
Sept. 11 1961

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
2-4-1914

9. AGE (last birthday)  
47

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Assemblyman

10b. KIND OF BUSINESS OR INDUSTRY  
Allis-Chalmers

11. BIRTHPLACE (City and state or country)  
Hugo, Missouri

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME  
Robert Parish

13b. MOTHER'S MAIDEN NAME  
Edith Laughlin

14. NAME OF HUSBAND OR WIFE  
Virginia Parish

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

17. INFORMANT Address  
Mrs. Virginia Parish Indep. Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Coronary thrombosis*

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1960 to 1961 and last saw him alive on Sept 5, 1961  
Death occurred at 9:00 a.m. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title)  
*Frederick H. Smith M.D.*

22b. ADDRESS

22c. DATE SIGNED  
*Independence Mo 9-11-61*

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
9-13-61

23c. NAME OF CEMETERY OR CREMATORY  
Oak Ridge Memory Gds

23d. LOCATION (City, town, or county)  
Independence, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Geo. C. Carson & Sons, Inc. Ind. Mo.

25. DATE RECD. BY LOCAL REG.

9-13-61

26. REGISTRAR'S SIGNATURE

*Alba L. Craig*

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

ADDITIONAL INFORMATION ON THIS RECORD MAY BE FORWARDED TO THE DIVISION OF HEALTH

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 21 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leroy J. Tyler

Licensed Embalmer No. 4941

P. O. Address Independence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.